



**OFFICIAL COLLEGE AND ASOCIATION
OF TECHNICAL AERONAUTICAL
ENGINEERS**

BANK DOMICILIATION OF FEES (ADMINISTRATION)

Name of account holder _____

Home Address _____

City _____ Province _____ Zip Code _____

Bank or Saving Banks _____

IBAN	Entity	Office	CD	Account Number

DO NOT COMPLY BY THE INTERESTED PART	
<input type="checkbox"/> BANK	<input type="checkbox"/> CASH SECRETARY
Collegiate Number _____	
Associate Number _____	
Registration Date _____	
Card _____	
Fees _____	

holder:

Date:

Signature of account

SITUATION:	<input type="checkbox"/> SI	<input type="checkbox"/> NO
- RECENT GRADUATED		
- OTHERS		

Cross out what don't proceed

**RECENT GRADUATES ARE EXEMPT FROM COLLEGE
FEE DURING THE FIRST YEAR OF COLLEGE /
ASSOCIATION**

MAKE IT KNOWN IN THE REQUEST FOR DONT

LEGAL ADVICE: I authorize the College and Association to use the present data for collegiate purposes
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